

# **EXHIBIT 1**

Primary Reg. Dist. No. 5701

Ohio Department of Health - Vital Statistics

State File No. 2019031995

Registrar's No.

5700-2019001814

## CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) <b>ALMA DIANNE BROWDER</b>							2. Sex <b>FEMALE</b>	3. Date of Death (Month/Day/Year) <b>MARCH 28, 2019</b>		
	4. Social Security Number <b>272-48-6780</b>	5a. Age (Years) <b>70</b>	5b. Under 1 Year Months	5c. Under 1 Year Days	5d. Under 1 day Hours	5e. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) <b>FEBRUARY 25, 1949</b>	7. Birthplace (City and State or Foreign Country) <b>DAYTON, OHIO</b>			
	8a. Residence State <b>OHIO</b>			8b. County <b>MONTGOMERY</b>			8c. City or Town <b>RIVERSIDE</b>				
	8d. Street Address and Zip Code <b>5149 OLENTANGY DRIVE 45431</b>							9. Ever in US Armed Forces? <b>NO</b>			
	10. Marital Status at Time of Death <b>WIDOWED (AND NOT REMARRIED)</b>				11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>MARTHA M JONES</b>						
	12. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>			13. Decedent of Hispanic Origin <b>NO</b>	14. Decedent's Race <b>WHITE</b>						
	15. Father's Name <b>HOWARD CRAIG</b>				16. Mother's Name (prior to first marriage) <b>MARTHA M JONES</b>						
	17a. Informant's Name <b>JOHN EDWARD BRATTON</b>				17b. Relationship to Decedent <b>SON</b>	17c. Mailing Address (Street and Number, City, State, Zip Code) <b>719 CRESTMONT DRIVE</b>					
	18a. Place of Death <b>NONHOSPITAL - HOSPICE FACILITY</b>				18c. City or Town, State and Zip Code <b>DAYTON, OH 45420</b>						
	18b. Facility Name (If not institution, give street & number) <b>HOSPICE OF DAYTON INC</b>				18d. County of Death <b>MONTGOMERY</b>						
	19. Funeral Service Licensee or Other Agent <b>ANDREW L VANDERHORST</b>				20. License Number (of licensee) <b>007186</b>	21. Name and Complete Address of Funeral Facility <b>TOBIAS FH</b>					
	22. Method and Place of Disposition <b>CREMATION - TOBIAS CREMATORIAL, BEAVERCREEK, OH</b>				23. Local Registrar <b>KRISTIE HUNTER-CONLEY</b>						
					24. Date Filed (Month/Day/Year) <b>APRIL 02, 2019</b>						
DISPOSITION	25a. Certifier <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. (Check only one)				25b. Date Pronounced Dead (Month/Day/Year) <b>MARCH 28, 2019</b>					25d. Was Case Referred to Medical Examiner or Coroner? <b>NO</b>	
CERTIFIER	26a. Certifier Name and Title <b>WENDY GAY SCHMITZ</b>				26c. License number <b>35.069185</b>	26g. Date Signed (Month/Day/Year) <b>APRIL 02, 2019</b>					
	27. Name and Address of Person who Completed Cause of Death <b>WENDY GAY SCHMITZ, 324 WILMINGTON AVE, DAYTON, OH 45420</b>										
CAUSE OF DEATH	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.				28b. Time of Death <b>0027</b>					28c. Approximate Interval Onset and Death <b>YEARS</b>	
	Immediate Cause (Final disease or condition resulting in death)				a. <b>METASTATIC OVARIAN CANCER</b>						
	Sequentially list conditions, if any, leading to immediate cause.				b. Due to (or as Consequence of)						
					c. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or Injury that initiated events resulting in a death)				d. Due to (or as Consequence of)						
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. Was An Autopsy Performed? <b>NO</b>			29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <b>NOT APPLICABLE</b>			
	30. Did Tobacco Use Contribute to Death? <b>NO</b>		31. If Female, Pregnancy Status <b>NOT APPLICABLE</b>		32. Manner of Death <b>NATURAL</b>			33d. Injury at Work? <b></b>			
	33a. Date of Injury (Mo/Day/Year)				33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			33d. Injury at Work? <b></b>		
	33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)										
	33f. Describe How Injury Occurred:				33g. If Transportation Injury, Specify:						

HEA 2724 Rev. 08/18

KRISTIE L. HUNTER-CONLEY  
LOCAL REGISTRAR

APR 04 2019

Kristie Hunter-Conley